

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 17-3369

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) COMMONWEALTH of PA. DISTRICT ATTORNEYS OFFICE  
 was received by me on (date) 5/1/18

FILED

MAY 15 2018

By KATE BARKMAN, Clerk  
Dep. Clerk

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) COMMONWEALTH of PA. DISTRICT ATTORNEYS OFFICE, who is  
 designated by law to accept service of process on behalf of (name of organization) COMMONWEALTH of PA  
 on (date) 5/8/18; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): SUMMONS WAS SERVED BY WAY OF FIRST CLASS MAIL

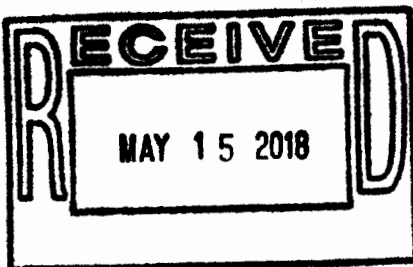
My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 5/8/18

Robert Taylor  
 Server's signature

ROBERT TAYLOR  
 Printed name and title



Box 12524 PHILADELPHIA, PA, 19151  
 Server's address

Additional information regarding attempted service, etc:

# CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed this

5/8/18 to:

Month, Day, Year

THE COMMONWEALTH OF PENNSYLVANIA

Name: COMMONWEALTH OF PENNSYLVANIA DISTRICT ATTORNEYS OFFICE

Address: 3. S. PENN SQUARE

PHILADELPHIA, PA. 19107

Robert Taylor

Signature

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Civil Action No. 17-3369

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* THE COMMONWEALTH COURT PHILADELPHIA  
CRIMINAL JUSTICE CENTER (CJC)  
 was received by me on *(date)* 5/1/18

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 \_\_\_\_\_ on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* THE COMMONWEALTH COURT PHILADELPHIA  
CRIMINAL JUSTICE CENTER (CJC), who is  
 designated by law to accept service of process on behalf of *(name of organization)* THE COMMONWEALTH  
COURT PHILADELPHIA CRIMINAL JUSTICE CENTER (CJC) on *(date)* 5/8/18; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: SUMMONS WAS SERVED BY WAY OF FIRST CLASS MAIL

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 5/8/18

Robert Taylor  
 Server's signature

ROBERT TAYLOR  
 Printed name and title

Box 12524 PHILADELPHIA, PA, 19151  
 Server's address

Additional information regarding attempted service, etc:

# CERTIFICATE OF SERVICE

I hereby certify that a copy of the  
foregoing document was mailed this

5/8/18 to:

Month, Day, Year

THE COMMONWEALTH COURT PHILADELPHIA  
Name: CRIMINAL JUSTICE CENTER (CJC)

Address: 1301 FILBERT STREET  
PHILADELPHIA, PA, 19107

Robert Taylor

Signature

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 17-3369

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) JUDGE FRANK PALUMBO - CRIMINAL JUSTICE CENTER  
 was received by me on (date) 5/1/18

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) JUDGE FRANK PALUMBO, who is  
 designated by law to accept service of process on behalf of (name of organization) JUDGE FRANK PALUMBO  
PHILADELPHIA COMMONWEALTH COURT (CJC) on (date) 5/8/18; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): SUMMON WAS SERVED BY WAY OF FIRST CLASS MAIL

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 5/8/18

Robert Taylor  
 Server's signature

ROBERT TAYLOR  
 Printed name and title

Box 12524 PHILADELPHIA, PA, 19151  
 Server's address

Additional information regarding attempted service, etc:

# CERTIFICATE OF SERVICE

I hereby certify that a copy of the  
foregoing document was mailed this

5/8/18 to:  
Month, Day, Year

JUDGE FRANK PALUMBO  
Name: CRIMINAL JUSTICE CENTER (CJC)

Address: 1301 FILBERT STREET  
PHILADELPHIA, PA, 19107  
\_\_\_\_\_

Robert Taylor  
Signature

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Civil Action No. 17-3369

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) THE CITY OF PHILADELPHIA  
CITY OF PHILADELPHIA LAW DEPARTMENT  
 was received by me on (date) 5/1/18

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) THE CITY OF PHILADELPHIA  
CITY OF PHILADELPHIA LAW DEPARTMENT, who is  
 designated by law to accept service of process on behalf of (name of organization) THE CITY OF PHILADELPHIA  
CITY OF PHILADELPHIA LAW DEPARTMENT on (date) 5/8/18; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): SUMMONS WAS SERVED BY FIRST CLASS MAIL

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 5/8/18

Robert Taylor  
 Server's signature

ROBERT TAYLOR  
 Printed name and title

Box 12524 PHILADELPHIA, PA, 19151  
 Server's address

Additional information regarding attempted service, etc:



# CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed this

5/8/18 to:  
Month, Day, Year

Name: THE CITY OF PHILADELPHIA  
CITY OF PHILADELPHIA, LAW DEPARTMENT

Address: 1515 ARCH STREET  
PHILADELPHIA, PA, 19102  
\_\_\_\_\_

Robert Taylor

Signature



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Civil Action No. 17-3369

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) CITY OF PHILADELPHIA, Police officer  
 was received by me on (date) 5/1/18 OBRIEN # 7461

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) Police officer OBRIEN # 7461, who is  
 designated by law to accept service of process on behalf of (name of organization) CITY OF PHILADELPHIA  
POLICE DEPARTMENT on (date) 5/8/18; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): SUMMONS WAS SERVED BY FIRST CLASS MAIL

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 5/8/18

Robert Taylor  
 Server's signature

ROBERT TAYLOR  
 Printed name and title

Box 12524 PHILADELPHIA, PA, 19151  
 Server's address

Additional information regarding attempted service, etc:

# CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed this

5/8/18 to:

Month, Day, Year

Name: CITY OF PHILADELPHIA POLICE  
OFFICER O'BRIEN # 7461

Address: 1515 ARCH STREET  
PHILADELPHIA, PA, 19102  
\_\_\_\_\_

Robert Taylor  
Signature

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**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) THE PHILADELPHIA PRISON SYSTEM / DEPARTMENT OF PRISONS  
 was received by me on (date) 5/1/18 CURRAN-FROMHOLD CORRECTIONAL FACILITY (CF CF)

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) THE PHILADELPHIA PRISON SYSTEM / DEPARTMENT OF PRISONS  
CURRAN-FROMHOLD CORRECTIONAL FACILITY, who is  
 designated by law to accept service of process on behalf of (name of organization) THE PHILADELPHIA PRISON SYSTEM  
DEPT. OF PRISONS CURRAN-FROMHOLD CORRECTIONAL FACILITY (CF CF) on (date) 5/8/18 ; or

☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☒ Other (specify): SUMMONS WAS SERVED BY FIRST CLASS MAIL.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 5/8/18

Robert Taylor  
 Server's signature

ROBERT TAYLOR  
 Printed name and title

Box 12524 PHILADELPHIA, PA, 19151  
 Server's address

Additional information regarding attempted service, etc:

# CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed this

5/8/18 to:  
Month, Day, Year

THE PHILADELPHIA PRISON SYSTEM/DEPT. OF PRISONS  
Name: CURRAN-FROMHOLD CORRECTIONAL FACILITY

Address: 7901 STATE ROAD  
PHILADELPHIA, PA, 19136  
\_\_\_\_\_

Robert Taylor  
Signature

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Civil Action No. 17-3369

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) WARDEN GERALD MAY (CFCE)  
 was received by me on (date) 5/1/18.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) WARDEN GERALD MAY, who is  
 designated by law to accept service of process on behalf of (name of organization) CURRAN-FROMHOLD  
CORRECTIONAL FACILITY on (date) 5/8/18; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): SUMMONS WAS SERVED BY WAY OF FIRST CLASS MAIL

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 5/8/18

Robert Taylor  
 Server's signature

ROBERT TAYLOR  
 Printed name and title

Box 12524 PHILADELPHIA, PA, 19151  
 Server's address

Additional information regarding attempted service, etc:

# CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed this

5/8/18 to:  
Month, Day, Year

WARDEN GERAID MAY  
Name: CURRY - FROM HOLD CORRECTIONAL FACILITY

Address: 7901 STATE ROAD  
PHILADELPHIA, PA, 19136  
\_\_\_\_\_

Robert Taylor  
Signature

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Civil Action No. 17-3369

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* SGT LEBESCO - PRISON OFFICIAL (CFCF)  
 was received by me on *(date)* 5/1/18.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* SGT. LEBESCO, who is  
 designated by law to accept service of process on behalf of *(name of organization)* CURRAN-FROMHOLD  
CORRECTIONAL FACILITY (CFCF) on *(date)* 5/8/18; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: SUMMONS WAS SERVED BY WAY OF FIRST CLASS MAIL.

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 5/8/18

Robert Taylor  
 Server's signature

ROBERT TAYLOR  
 Printed name and title

Box 12524 PHILADELPHIA, PA, 19151  
 Server's address

Additional information regarding attempted service, etc:



# CERTIFICATE OF SERVICE

I hereby certify that a copy of the  
foregoing document was mailed this

5/8/18 to:  
Month, Day, Year

Name: SGT, LEBESCO  
CURRAN-FRANHOLD CORRECTIONAL FACILITY

Address: 7901 STATE ROAD  
PHILADELPHIA, PA, 19136  
\_\_\_\_\_

Robert Taylor

Signature

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Civil Action No. 17-3369

**PROOF OF SERVICE***(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for (name of individual and title, if any) THE PHILADELPHIA SHERIFFS OFFICE  
 was received by me on (date) 5/1/18.

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) THE PHILADELPHIA SHERIFFS OFFICE, who is  
 designated by law to accept service of process on behalf of (name of organization) THE PHILADELPHIA  
SHERIFFS OFFICE on (date) 5/8/18; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other (specify): SUMMONS WAS SERVED BY FIRST CLASS MAIL

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 5/8/18

Robert Taylor  
 Server's signature

ROBERT TAYLOR  
 Printed name and title

Box 12524 PHILADELPHIA, PA, 19151  
 Server's address

Additional information regarding attempted service, etc:

# CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed this

5/8/18 to:  
Month, Day, Year

Name: THE PHILADELPHIA SHERIFFS OFFICE

Address: LAND TITLE BUILDING  
100 S. BROAD STREET  
PHILADELPHIA, PA, 19110

Robert Taylor  
Signature

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 17-3369

## PROOF OF SERVICE

*(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))*

This summons for *(name of individual and title, if any)* **THE PHILADELPHIA PUBLIC DEFENDERS ASSOCIATION**  
 was received by me on *(date)* **5/1/18**.

☐ I personally served the summons on the individual at *(place)* \_\_\_\_\_  
 on *(date)* \_\_\_\_\_; or

☐ I left the summons at the individual's residence or usual place of abode with *(name)* \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on *(date)* \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on *(name of individual)* **THE PHILADELPHIA PUBLIC DEFENDERS ASSOCIATION**, who is  
 designated by law to accept service of process on behalf of *(name of organization)* **THE PHILADELPHIA PUBLIC DEFENDERS ASSOCIATION**  
 on *(date)* **5/8/18**; or

☐ I returned the summons unexecuted because \_\_\_\_\_; or

☒ Other *(specify)*: **SUMMONS WAS SERVED BY WAY OF FIRST CLASS MAIL**

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: **5/8/18**

**Robert Taylor**  
 Server's signature

**ROBERT TAYLOR**  
 Printed name and title

**Box 12524 PHILADELPHIA, PA, 19151**  
 Server's address

Additional information regarding attempted service, etc:

# CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed this

5/8/18 to:  
Month, Day, Year

Name: THE PHILADELPHIA PUBLIC DEFENDERS ASSOCIATION

Address: 1441 SAMSON STREET  
PHILADELPHIA, PA, 19102  
\_\_\_\_\_

Robert Taylor

Signature

AO 440 (Rev. 06/12) Summons in a Civil Action (Page 2)

Civil Action No. 17-3369

## PROOF OF SERVICE

(This section should not be filed with the court unless required by Fed. R. Civ. P. 4 (l))

This summons for (name of individual and title, if any) CHRIS ANGELO (Public DEFENDER)  
 was received by me on (date) 5/1/18

☐ I personally served the summons on the individual at (place) \_\_\_\_\_  
 on (date) \_\_\_\_\_ ; or

☐ I left the summons at the individual's residence or usual place of abode with (name) \_\_\_\_\_  
 \_\_\_\_\_, a person of suitable age and discretion who resides there,  
 on (date) \_\_\_\_\_, and mailed a copy to the individual's last known address; or

☒ I served the summons on (name of individual) CHRIS ANGELO (Public DEFENDER), who is  
 designated by law to accept service of process on behalf of (name of organization) PHILADELPHIA  
PUBLIC DEFENDERS ASSOCIATION on (date) 5/8/18 ; or

☐ I returned the summons unexecuted because \_\_\_\_\_ ; or

☒ Other (specify): SUMMONS WAS SERVED BY WAY OF FIRST CLASS MAIL

My fees are \$ \_\_\_\_\_ for travel and \$ \_\_\_\_\_ for services, for a total of \$ \_\_\_\_\_.

I declare under penalty of perjury that this information is true.

Date: 5/8/18

Robert Taylor  
 Server's signature

ROBERT TAYLOR  
 Printed name and title

Box 12524 PHILADELPHIA, PA, 19151  
 Server's address

Additional information regarding attempted service, etc:

# CERTIFICATE OF SERVICE

I hereby certify that a copy of the foregoing document was mailed this

5/8/18 to:  
Month, Day, Year

Name: CHRIS ANGELD (Public Defender)

Address: 1441 SAMSON STREET  
PHILADELPHIA, PA, 19102  
\_\_\_\_\_

Rover Taylor

Signature



